

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

1-2-84

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		1				
4		1				
5						
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14	1					
15		1				
16		1				
17	1					
18		1				
19		1				
20			3	3		
21			3	3		
22			3	3		
23	1					
24	1					
25		2				
26		2				
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49						
50						
TOTAL IND.	7					
TOTAL DEP.	27	←	←	←		
TOTAL CLAIMS	34	████	████	████	████	████

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.		←	←	←		
TOTAL CLAIMS		████	████	████	████	████